

State: Michigan

ELEMENTARY AND SECONDARY EDUCATION HURRICANE RELIEF PROGRAM

**Application By Parent Or Guardian For Emergency Impact Aid On Behalf Of Students
Displaced By Hurricane Katrina Or Hurricane Rita And Who Are Attending A Nonpublic School**

NAME OF PARENT or GUARDIAN : _____
STREET/P.O. BOX : _____
CITY : _____
COUNTY : _____
STATE: Michigan ZIP CODE: _____

Names of children enrolled

in this non-public school
prior to 12/30/2005:

Add additional sheets if necessary

NAME OF NON-PUBLIC SCHOOL : _____
STREET/P.O. BOX : _____
CITY : _____
COUNTY : _____
STATE Michigan ZIP CODE: _____

Name of the local educational agency

within whose boundaries this non-public
school is located: _____

I request that the local educational agency named above make payments to Emergency Impact Aid Accounts on behalf of my child(ren) named above.

I certify that I enrolled my child(ren) named above in this non-public school prior to December 30, 2005 (the date of enactment of the law authorizing Emergency Impact Aid for Displaced Students).

I certify that my child(ren) named above were enrolled or were eligible to be enrolled in a school in an area for which the Federal Government later declared a major disaster related to Hurricane Katrina or Hurricane Rita from the states of Louisiana, Mississippi, Alabama or Texas and as a result, are displaced students.

NAME OF PARENT or GUARDIAN

SIGNATURE

DATE

Form Approved:
– OMB number 1810-0672
– Expiration date: 06/30/2006